

# Clinic-administered medication prior authorization request form



Before completing this form, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)** to verify the member's benefits and eligibility. To confirm which medications require prior authorization and the criteria, visit [QuartzBenefits.com/MAPartBPA](https://www.QuartzBenefits.com/MAPartBPA). Please note that Quartz does not consider services authorized until we complete a determination of coverage.

**Quartz Medicare Advantage (HMO)**  
2650 Novation Pkwy • Fitchburg, WI 53713  
(800) 394-5566 • Fax (608) 881-8398  
[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)

Complete and send to us by:

- Provider portal: [MyQuartzTools.com](https://www.MyQuartzTools.com)
- Mail: Quartz Medicare Advantage Pharmacy Program  
2650 Novation Pkwy, Fitchburg, WI 53713
- Fax: (608) 881-8398

Date completed: \_\_\_\_\_

## Member information (please print)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Quartz Medicare Advantage member ID number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Services requested: \_\_\_\_\_

HCPCS/CPT codes: \_\_\_\_\_

## Provider information (please print)

Requesting provider: \_\_\_\_\_

Facility where services will be performed: \_\_\_\_\_

Address: \_\_\_\_\_

Provider phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reason for request (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting medical documentation attached? (Check one)  Yes  No Number of pages \_\_\_\_\_

**Request for expedited review:** By checking this box and signing below, I certify that applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can reach a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. From October 1 through March 31, daily from 8 a.m. to 8 p.m.